

02/15/01



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PTO/SB/05 (08-00)

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PTO 09/784499

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|                        |   |
|------------------------|---|
| Attorney Docket No.    | 13055US01   |
| First Inventor         | Srinivas V. Makam   |
| Title                  | DYNAMIC BANDWIDTH MANAGEMENT<br>USING SIGNALING PROTOCOL AND<br>VIRTUAL CONCATENATION |
| Express Mail Label No. | EF 175836700us  |

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages **46**]  
(preferred arrangement set forth below)
- Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R&D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure

4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **1**]

5. Oath or Declaration [Total Pages **4**]
- a. ☐ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
- i. ☐ **DELETION OF INVENTORS**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-Rom or CD-R in duplicate, large table or  
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid sequence Submission  
(if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☐ Assignment Papers (cover sheet & documents(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of  
(when there is an assignee) Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS  
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☐ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122(b)  
(2)(B)(i). Applicant must attach form PTO/SB/35 or  
its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Prior application information:

Examiner:

Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**18. CORRESPONDENCE ADDRESS**☐ Customer Number or Bar Code Label

23446

or ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name **McAndrews, Held & Malloy, Ltd.**

Address **500 West Madison Street, Suite 3400**

City **Chicago** State **IL** Zip Code **60661**

Country **USA** Telephone **(312) 775-8000** Fax **(312) 775-8100**

Name (Print/type) **Ronald E. Larson** Registration No. (Attorney/Agent) **24,478**

Signature *Ronald E. Larson* Date **2/15/2001**

|   |             |                          |                   |
|---|-------------|--------------------------|-------------------|
| <h2 style="text-align: center;">FEE TRANSMITTAL<br/>for FY 2001</h2> <p style="text-align: center;">Patent Fees are subject to annual revision.</p> |             | <b>Complete if Known</b> |                   |
|   |             | Application Number       | Not Assigned      |
|   |             | Filing Date              | Herewith          |
|   |             | First Named Inventor     | Srinivas V. Makam |
|   |             | Examiner Name            | Not Assigned      |
|   |             | Group Art Unit           | Not Assigned      |
| TOTAL AMOUNT OF PAYMENT   | (\$ 818.00) | Attorney Docket No.      | 13055US01         |

| <b>METHOD OF PAYMENT</b>  |                       | <b>FEE CALCULATION (continued)</b>   |                       |  |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
|---|-----------------------|--|-----------------------|--|-----------------------|-----------------|-----------------------|-----------------------|-----------------------|----------------------------|----------|--------------------|--------|--------------------|-----|-------------------------------------|-----|----------------------------|-----------------------|----------------------------|-----------------------|--|----------|------------------|-----|-----|-----|---------------------------|-----|--------------------|-------|-----|-------|--|----|------------------------|------|--------------------------|------|--|--|-----|--------|-----|--------|---|--|-----|-----|-----|----|---|--|--------------------------|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br>Deposit Account Number: <span style="border: 1px solid black; padding: 5px; font-size: 1.2em;">13-0017</span><br>Deposit Account Name: <span style="border: 1px solid black; padding: 5px;">McAndrews Held &amp; Malloy</span><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27  |                       | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td></td></tr> </tbody> </table> |                       |  |                       | Fee Code        | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description            | Fee Paid | 105                | 130    | 205                | 65  | Surcharge - late filing fee or oath |     | 127                        | 50                    | 227                        | 25                    | Surcharge - late provisional filing fee or cover sheet |          | 139              | 130 | 139 | 130 | Non-English specification |     | 147                | 2,520 | 147 | 2,520 | For filing a request for <i>ex parte</i> reexamination |    | 112                    | 920* | 112                      | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month                    |  | 116                      | 390 | 216 | 195 | Extension for reply within second month |  | 117 | 890 | 217 | 445 | Extension for reply within third month |  | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month |  | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month |  | 119 | 310 | 219 | 155 | Notice of Appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  |
| Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code  | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 105   | 130                   | 205  | 65                    | Surcharge - late filing fee or oath  |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 127   | 50                    | 227  | 25                    | Surcharge - late provisional filing fee or cover sheet                     |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 139   | 130                   | 139  | 130                   | Non-English specification  |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 147   | 2,520                 | 147  | 2,520                 | For filing a request for <i>ex parte</i> reexamination                     |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 112   | 920*                  | 112  | 920*                  | Requesting publication of SIR prior to Examiner action                     |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 113   | 1,840*                | 113  | 1,840*                | Requesting publication of SIR after Examiner action                        |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 115   | 110                   | 215  | 55                    | Extension for reply within first month                                     |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 116   | 390                   | 216  | 195                   | Extension for reply within second month                                    |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 117   | 890                   | 217  | 445                   | Extension for reply within third month                                     |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 118   | 1,390                 | 218  | 695                   | Extension for reply within fourth month                                    |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 128   | 1,890                 | 228  | 945                   | Extension for reply within fifth month                                     |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 119   | 310                   | 219  | 155                   | Notice of Appeal   |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 120   | 310                   | 220  | 155                   | Filing a brief in support of an appeal                                     |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 121   | 270                   | 221  | 135                   | Request for oral hearing   |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 138   | 1,510                 | 138  | 1,510                 | Petition to institute a public use proceeding                              |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 140   | 110                   | 240  | 55                    | Petition to revive - unavoidable   |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 141   | 1,240                 | 241  | 620                   | Petition to revive - unintentional   |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 142   | 1,240                 | 242  | 620                   | Utility issue fee (or reissue)   |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 143   | 440                   | 243  | 220                   | Design issue fee   |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 144   | 600                   | 244  | 300                   | Plant issue fee  |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 122   | 130                   | 122  | 130                   | Petitions to the Commissioner  |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 123   | 50                    | 123  | 50                    | Processing fee under 37 CFR 1.17(q)  |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 126   | 180                   | 126  | 180                   | Submission of Information Disclosure Stmt                                  |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 581   | 40                    | 581  | 40                    | Recording each patent assignment per property (times number of properties) |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 146   | 710                   | 246  | 355                   | Filing a submission after final rejection (37 CFR § 1.129(a))              |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 149   | 710                   | 249  | 355                   | For each additional invention to be examined (37 CFR 1.129(b))             |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 179   | 710                   | 279  | 355                   | Request for Continued Examination (RCE)                                    |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 169   | 900                   | 169  | 900                   | Request for expedited examination of a design application                  |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Other fee (specify) _____   |                       |  |                       |  |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| <b>FEE CALCULATION</b>  |                       |  |                       |  |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b><br><table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing Fee</td><td>710.00</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing Fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1) (\$)</b></td><td></td></tr> </tbody> </table>  |                       | Large Entity Fee Code (\$)   | Large Entity Fee (\$) | Small Entity Fee Code (\$)   | Small Entity Fee (\$) | Fee Description | Fee Paid              | 101                   | 710                   | 201                        | 355      | Utility filing Fee | 710.00 | 106                | 320 | 206                                 | 160 | Design filing Fee          |                       | 107                        | 490                   | 207  | 245      | Plant filing fee |     | 108 | 710 | 208                       | 355 | Reissue filing fee |       | 114 | 150   | 214  | 75 | Provisional filing fee |      | <b>SUBTOTAL (1) (\$)</b> |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Large Entity Fee Code (\$)  | Large Entity Fee (\$) | Small Entity Fee Code (\$)   | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 101   | 710                   | 201  | 355                   | Utility filing Fee   | 710.00                |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 106   | 320                   | 206  | 160                   | Design filing Fee  |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 107   | 490                   | 207  | 245                   | Plant filing fee   |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 108   | 710                   | 208  | 355                   | Reissue filing fee   |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 114   | 150                   | 214  | 75                    | Provisional filing fee   |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| <b>SUBTOTAL (1) (\$)</b>  |                       |  |                       |  |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b><br><table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>28 - 20** = 8</td> <td>8 x</td> <td>18 =</td> <td>108</td> </tr> <tr> <td>Independent Claims - 3** =</td> <td>x</td> <td>=</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>=</td> <td></td> </tr> </tbody> </table><br><table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>**Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2) (\$)</b></td><td></td></tr> </tbody> </table> |                       | Total Claims   | Extra Claims          | Fee from below   | Fee Paid              | 28 - 20** = 8   | 8 x                   | 18 =                  | 108                   | Independent Claims - 3** = | x        | =                  |        | Multiple Dependent |     | =                                   |     | Large Entity Fee Code (\$) | Large Entity Fee (\$) | Small Entity Fee Code (\$) | Small Entity Fee (\$) | Fee Description  | Fee Paid | 103              | 18  | 203 | 9   | Claims in excess of 20    |     | 102                | 80    | 202 | 40    | Independent claims in excess of 3                      |    | 104                    | 270  | 204                      | 135  | Multiple dependent claim, if not paid                  |  | 109 | 80     | 209 | 40     | **Reissue independent claims over original patent   |  | 110 | 18  | 210 | 9  | **Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2) (\$)</b> |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Total Claims  | Extra Claims          | Fee from below   | Fee Paid              |  |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 28 - 20** = 8   | 8 x                   | 18 =   | 108                   |  |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Independent Claims - 3** =  | x                     | =  |                       |  |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Multiple Dependent  |                       | =  |                       |  |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Large Entity Fee Code (\$)  | Large Entity Fee (\$) | Small Entity Fee Code (\$)   | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 103   | 18                    | 203  | 9                     | Claims in excess of 20   |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 102   | 80                    | 202  | 40                    | Independent claims in excess of 3  |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 104   | 270                   | 204  | 135                   | Multiple dependent claim, if not paid                                      |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 109   | 80                    | 209  | 40                    | **Reissue independent claims over original patent                          |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 110   | 18                    | 210  | 9                     | **Reissue claims in excess of 20 and over original patent                  |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| <b>SUBTOTAL (2) (\$)</b>  |                       |  |                       |  |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| **or number previously paid, if greater; For Reissues, see above  |                       | *Reduced by Basic Filing Fee Paid  |                       |  |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
|   |                       | <b>SUBTOTAL (3) (\$)</b>   |                       |  |                       |                 |                       |                       |                       |                            |          |                    |        |                    |     |                                     |     |                            |                       |                            |                       |  |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                          |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |                          |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |

|                     |                         |                                   |        |           |              |   |  |
|---------------------|-------------------------|-----------------------------------|--------|-----------|--------------|---|--|
| <b>SUBMITTED BY</b> |                         |                                   |        |           |              | <small>Complete (if applicable)</small> |  |
| Name (Print/Type)   | Ronald E. Larson        | Registration No. (Attorney/Agent) | 24,478 | Telephone | 312-775-8000 |   |  |
| Signature           | <i>Ronald E. Larson</i> |                                   |        | Date      | 2/15/01      |   |  |

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